Children's Initiatives
Stakeholder Engagement Working Group
Meeting Minutes
Wednesday August 26, 2015
2:00pm

Attendees: Brenda Duhamel, Sharon Kernan, Jason Lyon, Lynn Doherty, Kathy Piper, Mary Fournier, Maura Taylor, Christina Watkins, Jessica Waugh, Christine Ricard, Tony Bliss, Michelle Marcello, Tanesha Richards, Sarah Ostern, Mike Cancillere, Heather Sargent, Ashley Sadlier, Belinda Taylor, Steven Patch, Lauren Lapolla, Hannah Hakim, Tina Spears, Allen Brennmen, Karen Murphy. Ellen Lewis, Anna Pedrosian, Elizabeth Burke Bryant, Jim Beasley, Frank Cannino, Matt Harvey, Lauretta Converse, Brenda Verde, Kathy Kruiser, Coleen Polselli, Chelsea Conll

I. **Welcome**

Sharon Kernan, EOHHS, welcomes the group. She asked for introductions around the room (see attendees list above) and proceeded with the agenda. Two initiatives we feel you may be most interested in and feel we would benefit most from feedback are those we will discuss today. To speak more about Reinventing Medicaid, Sharon introduces Matthew Harvey.

II. **Implementation of Reinventing Medicaid Initiatives**

Matthew Harvey, EOHHS, welcomed the group and spoke in his capacity as Project Director of Reinventing Medicaid. Matt discussed the process undertaken by the Working Group to Reinvent Medicaid, the charge of the group, and the recommendation and report of the group to the Governor. These recommendations were taken into consideration by the Governor, and added to the budget as the Reinventing Medicaid Act. There are 52 initiatives, some grouped together, that were passed by the General Assembly and now the work of implementation is underway. Some of these initiatives impact children and families and in keeping with our priority to keep the stakeholders and the community involved in the process, we bring you here today and throughout the fall to discuss what work is ongoing on these set initiatives.

Want to clarify that the EOHHS Task Force will be used by the agency as the primary means of getting feedback on work ongoing. This group is intended to be a "roll up the sleeves, get feedback, let's decide on a few things, and keep moving" type group. In the context of stakeholder engagement, the other area that may be of interest to this group is the re-ignition of the Children's Cabinet, where many of these issues may bubble up to.

III. Including Services for Children with Special Healthcare Needs in the Medicaid Managed Care benefit & CEDARR Family Center Redesign

Brenda Duhamel gives brief presentation to the group. Slides available upon request via email the lauren.lapolla@ohhs.ri.gov

Questions/Comments on this Section:

PCMH Kids, Hannah Hakim was asked to give an update on this project: PCMH Kids is a primary care medical home focused on pediatrics. Multi payer initiative, all payers in the state participating, ten pediatric pilot sites selected through a competitive application process. Bringing the parties together to think about, and deliver primary care to children. In process of negotiating a contract, with requirements about transforming the way we deliver care, more based on data, improving quality and population health. Also looking at patient experience, and to improve the cost, thus transforming the payment to pay for value not volume. One key thing as relates to CEDARRs is improved coordination within the practices. We expect the practices to hire or staff a person focused on care coordination, with an emphasis on the most needy children and families as identified. It looks a lot like the functions of CEDARRs, which we will discuss next on the agenda. Looks at what can be done in the pediatric office, and identifying what else some families may need and helping to coordinate from there.

Q. With the multiple ways families can access services, what is the waiting list, or how do we triage?
A. Good Question – first there is an access issue that we need to address overall. We are hoping the evidence-based practice piece is a way to reduce the access concern, seeing other alternatives within managed care, and connecting families of what makes sense at the right time. The goal is to continue to make things better. Want to work out a similar system to the waiting list, and need to figure out the details.

Q. Is there a way to see how many families are on the waiting list right now and to what degree of services they are waiting for? Can we see those?
A. Sure, we can get those numbers out to you all.

Q. On the graph, we see an option of MCO/EOHHS Oversight. Can you clarify what you mean by seeking that route?
A. Some families when they have a need, they call the insurance company, explain the need and seek assistance. That is what we refer to here.

Q. If a family has RIteCare insurance they can go through the insurance

route, but will they still have access to be fully supported by the CEDARR after that?
A. Yes. Some families may have both avenues they are working with.

Q. Are the definitions and clarifications for these programs available online?
A. We are in the process of updating the language, and that will be a part of that update.

Q. Does that include pre and post services – will those be included?
A. Yes, the whole package.

Comment from Brenda Duhamel: One concern is that if you move things in plan, you need to be careful that families have the same basic experience regardless of who their payer is. We want to work closely with the plans to ensure we all do things in a similar way. HBTS is designed a certain way for reasons, and we will seek to make changes collectively so that a family's experience is not different from another's depending on their payer.

Q. Are the plans open to operating that way?
A. It is a contractual arrangement, we will work closely with them, but that is our intent. We do not have a lot of control over commercial insurance and what those services are, looking at RIte Care managed care.

Q. Regarding these changes - shouldn't there be more discussion, more details? Where are we there?
A. We have been working on editing the certification standards for all of our programs, and that is the process been involved in with all our providers. Working on those standards page by page, and yes we know it has been a long time coming. We were doing that before the reinventing Medicaid process began in the spring, and now these initiatives [from that working group] augment that process, and changes a little bit of what we were doing as it includes managed care. We have talked about those changes with the providers to talk about the details; we have updated the standards. Some have come directly from the providers, and some things we have edited also. As those are going through a review here, then another meeting with direct service providers, and then meet with you all.

Q. Is there a time line for the standards?
A. Yes, hoping to be done internally mid-September.

Q. I appreciate working with the CEDAAR programs we could bring to the providers to address. How will that be addressed?
A. CEDARRS are still there for families that need those additional

supports. For those not accessing the CEDARRs, going another route, it depends on what the issue may be. If it is an authorization concern through the MCO, the family would go to the MCO. EOHHS oversees that data to ensure the MCOs are meeting our contractual standards.

Q. Are you supporting providers in credentialing?
A. Yes, we need to work with managed care organizations on that, and in the readiness list.

Q. On slide number four, one bullet is 'highest need families still directed to the intensive service offering of CEDARR family centers.' How is 'highest need families' defined? Who will be the traffic cop, if you will, to determine where best to go?
A. We are all working on that. With PCMH kids, for example, trying to figure that out systematically. We want families to decide what they need, and have access through that choice. Will happen through some contracting, etc.

Q. Are clinicians going to be credentialed individually or by agency?
A. That is for the plans to answer.

Comment: Want to be concerned about that, think about making sure credentialing happens even if there aren't a lot of services in the area, or feel there are enough in the area.
It may be separate, say as an area for HBTS agency. Need to work that out, absolutely. We will be working on that with the health plans, and many needs will be brought up. We will come to the providers on this, and the back and forth. I think a big timeline question for the providers will be to meet on those issues, changes on PASS and HBTS, and access to know who are being contracted with. All things we need more details on and have concerns about.

This meeting is to bring everyone together, to provide feedback and input to us from multiple groups. We will continue to work with individual groups as that makes sense, and will continue to do that as we have been. This is so that everyone hears what's going on, no one is out of the loop and we have collective feedback.

Comment, RIPIN: We would also want to know what the certification standards are, to give feedback on federal authority, things we are hopeful to see. Also, maybe have a focus group on families that utilize this process to see what they have issues with now, and to determine what they would want to see in this process. To ensure we are making a concerted effort to help families in this, RIPIN will extend that offer of family focus groups as appropriate.

Q. May we request list of providers in the PCMH Kids provider program?
A. Yes, we can circulate that.

IV. Public Comment – No additional comment from the public came at this time.

V. Adjourn